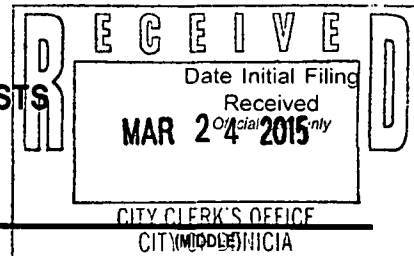


STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE



Please type or print in ink.

NAME OF FILER (LAST) (FIRST)  
Strawbridge Christina Elizabeth

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Benicia City Council

Division, Board, Department, District, if applicable

Your Position

City Council Member

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County \_\_\_\_\_

☐ County of \_\_\_\_\_

☒ City of Benicia

☐ Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2014, through December 31, 2014.

☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2014.

☐ The period covered is January 1, 2014, through the date of leaving office.

☒ Assuming Office: Date assumed 12 / 06 / 2011

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 5

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☒ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☒ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5. [Redacted Signature Block]

herein and in any attached schedules is true and complete. I acknowledge that the information provided is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed \_\_\_\_\_  
(month, day, year)

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

<b>CALIFORNIA FORM 700</b>
FAIR POLITICAL PRACTICES COMMISSION
Name
Christina E. Strawbridge

**1. BUSINESS ENTITY OR TRUST**

Christina S Fashion Destination

Name

370 First Street, Benicia, CA 94510

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2    ☒ Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

Women's boutique

**FAIR MARKET VALUE**

- ☐ \$0 - \$1,999  
☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☒ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

**IF APPLICABLE, LIST DATE:**

\_\_\_\_/\_\_\_\_/14    \_\_\_\_/\_\_\_\_/14  
ACQUIRED    DISPOSED

**NATURE OF INVESTMENT**

☐ Partnership    ☒ Sole Proprietorship    ☐ Other

YOUR BUSINESS POSITION Owner

**2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

- ☐ \$0 - \$499    ☒ \$10,001 - \$100,000  
☐ \$500 - \$1,000    ☐ OVER \$100,000  
☐ \$1,001 - \$10,000

**3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

☐ None    or    ☐ Names listed below

**4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:

☐ INVESTMENT    ☐ REAL PROPERTY

Name of Business Entity, if Investment, or  
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or  
City or Other Precise Location of Real Property

**FAIR MARKET VALUE**

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

**IF APPLICABLE, LIST DATE:**

\_\_\_\_/\_\_\_\_/14    \_\_\_\_/\_\_\_\_/14  
ACQUIRED    DISPOSED

**NATURE OF INTEREST**

☐ Property Ownership/Deed of Trust    ☐ Stock    ☐ Partnership

☐ Leasehold    Yrs. remaining    ☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

**1. BUSINESS ENTITY OR TRUST**

Scott Strawbridge Association Management

Name

831 East 2nd Street Benicia, CA 94510

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2    ☐ Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

Association Management

**FAIR MARKET VALUE**

- ☐ \$0 - \$1,999  
☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☒ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

**IF APPLICABLE, LIST DATE:**

\_\_\_\_/\_\_\_\_/14    \_\_\_\_/\_\_\_\_/14  
ACQUIRED    DISPOSED

**NATURE OF INVESTMENT**

☐ Partnership    ☒ Sole Proprietorship    ☐ Other

YOUR BUSINESS POSITION Owner

**2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

- ☐ \$0 - \$499    ☐ \$10,001 - \$100,000  
☐ \$500 - \$1,000    ☒ OVER \$100,000  
☐ \$1,001 - \$10,000

**3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

☐ None    or    ☒ Names listed below

Northern California MCA, Mechanical Contractors  
Council of Central California, Industrial Relations  
Council, (see attached)

**4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:

☐ INVESTMENT    ☐ REAL PROPERTY

Name of Business Entity, if Investment, or  
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or  
City or Other Precise Location of Real Property

**FAIR MARKET VALUE**

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

**IF APPLICABLE, LIST DATE:**

\_\_\_\_/\_\_\_\_/14    \_\_\_\_/\_\_\_\_/14  
ACQUIRED    DISPOSED

**NATURE OF INTEREST**

☐ Property Ownership/Deed of Trust    ☐ Stock    ☐ Partnership

☐ Leasehold    Yrs. remaining    ☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

Comments: \_\_\_\_\_

**Attachment Schedule A-2**

**List the name of each reportable single source of income of \$10,000.00 or more**

**South Bay Piping Labor-Management Trust Fund**

**Western Insulation Contractors Association- Northern California**

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name Christina E. Strawbridge

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
133 East B Street

CITY  
Benicia

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☒ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/14 ACQUIRED \_\_\_\_/\_\_\_\_/14 DISPOSED

NATURE OF INTEREST  
☒ Ownership/Deed of Trust ☐ Easement  
☐ Leasehold \_\_\_\_\_ Yrs. remaining ☐ \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
☐ None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/14 ACQUIRED \_\_\_\_/\_\_\_\_/14 DISPOSED

NATURE OF INTEREST  
☐ Ownership/Deed of Trust ☐ Easement  
☐ Leasehold \_\_\_\_\_ Yrs. remaining ☐ \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
☐ None

\* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE \_\_\_\_\_% ☐ None TERM (Months/Years) \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000 ☐ OVER \$100,000  
☐ Guarantor, if applicable

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE \_\_\_\_\_% ☐ None TERM (Months/Years) \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000 ☐ OVER \$100,000  
☐ Guarantor, if applicable

Comments: \_\_\_\_\_

**CALIFORNIA FORM 700**  
**FAIR POLITICAL PRACTICES COMMISSION**

**Name**  
 Christina E. Strawbridge

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

INTEREST RATE \_\_\_\_\_% ☐ None

TERM (Months/Years) \_\_\_\_\_

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property \_\_\_\_\_  
Street address

City

☐ Guarantor \_\_\_\_\_

☐ Other \_\_\_\_\_  
(Describe)

FPPC Form 700 (2014/2015) Sch. C  
FPPC Advice Email: [advice@fppc.ca.gov](mailto:advice@fppc.ca.gov)  
FPPC Toll-Free Helpline: 866/275-3772 [www.fppc.ca.gov](http://www.fppc.ca.gov)